

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 / 695175	FILING DATE
							APPLICANT(S)	
							CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1.						51.		
2.						52.		
3.						53.		
4.						54.		
5.						55.		
6.						56.		
7.						57.		
8.						58.		
9.						59.		
10.						60.		
11.						61.		
12.						62.		
13.						63.		
14.						64.		
15.						65.		
16.						66.		
17.						67.		
18.						68.		
19.						69.		
20.						70.		
21.						71.		
22.						72.		
23.						73.		
24.						74.		
25.						75.		
26.						76.		
27.						77.		
28.						78.		
29.						79.		
30.						80.		
31.						81.		
32.						82.		
33.						83.		
34.						84.		
35.						85.		
36.						86.		
37.						87.		
38.						88.		
39.						89.		
40.						90.		
41.						91.		
42.						92.		
43.						93.		
44.						94.		
45.						95.		
46.						96.		
47.						97.		
48.						98.		
49.						99.		
50.						100.		
TOTAL IND.	2					TOTAL IND.		
TOTAL DEP.	22	↓	↓	↓		TOTAL DEP.	↓	
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	